

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	R&N	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>D</u>	<u>9 / 14 / 20</u>	<u>PORT OF MOCHA COFFEE HOUSE</u>
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT
Complaint	<input type="checkbox"/>	<input type="checkbox"/>	RATING	<u>3:30 PM</u>	<u>4:30 PM</u>
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<u>A</u>	SANITARY PERMIT NO.	PERMIT HOLDER
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<u>03202</u>	<u>200702766</u>	<u>DEWAN ENTERPRISES, INC.</u>
ESTABLISHMENT TYPE			AREA	TELEPHONE	LOCATION (Address)
<u>COFFEE SHOP</u>				<u>616-7678</u>	<u>LOT 2145 - REM - 1 NEW - 1R SPACE</u> <u>109B 199 CHALAN SAN ANTONIO TAMUNING</u>
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				<u>0</u>	<u>2</u>
				No. of Repeat Risk Factor/Intervention Violations	
				<u>0</u>	

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	<input checked="" type="checkbox"/> IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
Employee Health						
2	<input checked="" type="checkbox"/> IN	OUT	Management awareness, policy present			6
3	<input checked="" type="checkbox"/> IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth	6
Preventing Contamination by Hands						
6	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Hands clean and properly washed	6
7	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	<input checked="" type="checkbox"/> IN	OUT			Adequate handwashing facilities supplied & accessible	6
Approved Source						
9	<input checked="" type="checkbox"/> IN	OUT			Food obtained from approved source	6
10	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Food received at proper temperature	6
11	<input checked="" type="checkbox"/> IN	OUT			Food in good condition, safe, and unadulterated	6
12	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	6
Protection from Contamination						
13	<input checked="" type="checkbox"/> IN	OUT	N/A		Food separated and protected	6
14	<input checked="" type="checkbox"/> IN	OUT	N/A		Food contact surfaces: cleaned & sanitized	6
15	<input checked="" type="checkbox"/> IN	OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food	6

Compliance Status				COS	R	PTS
Potentially Hazardous Food (TCS Food)						
16	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper cooling time and temperatures	6
19	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	<input checked="" type="checkbox"/> IN	OUT	N/A		Proper cold holding temperatures	6
21	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper date marking and disposition	6
Consumer Advisory						
22	<input checked="" type="checkbox"/> IN	OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
Highly Susceptible Populations						
23	<input checked="" type="checkbox"/> IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered	6
Chemical						
24	<input checked="" type="checkbox"/> IN	OUT	N/A		Food additives: approved and properly used	6
25	<input checked="" type="checkbox"/> IN	OUT			Toxic substances properly identified, stored, used	6
Conformance with Approved Procedures						
26	<input checked="" type="checkbox"/> IN	OUT	N/A		Compliance with variance, specialized process, and HACCP plan	6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27	<input checked="" type="checkbox"/> IN				Pasteurized eggs used where required	1
28	<input checked="" type="checkbox"/> IN				Water and ice from approved source	2
29	<input checked="" type="checkbox"/> IN				Variance obtained for specialized processing methods	1
Food Temperature Control						
30	<input checked="" type="checkbox"/> IN				Proper cooling methods used; adequate equipment for temperature control	1
31	<input checked="" type="checkbox"/> IN				Plant food properly cooked for hot holding	1
32	<input checked="" type="checkbox"/> IN				Approved thawing methods used	1
33	<input checked="" type="checkbox"/> IN				Thermometer provided and accurate	1
Food Identification						
34	<input checked="" type="checkbox"/> IN				Food properly labeled; original container	1
Prevention of Food Contamination						
35	<input checked="" type="checkbox"/> IN				Insects, rodents, and animals not present	2
36	<input checked="" type="checkbox"/> IN				Contamination prevented during food preparation, storage & display	1
37	<input checked="" type="checkbox"/> IN				Personal cleanliness	1
38	<input checked="" type="checkbox"/> IN				Wiping cloths: properly used and stored	1
39	<input checked="" type="checkbox"/> IN				Washing fruits and vegetables	1

Compliance Status				COS	R	PTS
Proper Use of Utensils						
40	<input checked="" type="checkbox"/> IN				In-use utensils: properly stored	1
41	<input checked="" type="checkbox"/> IN				Utensils, equipment and linens: properly stored, dried, handled	1
42	<input checked="" type="checkbox"/> IN				Single-use/single-service articles: properly stored, used	1
43	<input checked="" type="checkbox"/> IN				Gloves used properly	1
Utensils, Equipment and Vending						
44	<input checked="" type="checkbox"/> IN				Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	1
45	<input checked="" type="checkbox"/> IN				Warewashing facilities: installed, maintained, used; test strips	1
46	<input checked="" type="checkbox"/> IN				Nonfood-contact surfaces clean	1
Physical Facilities						
47	<input checked="" type="checkbox"/> IN				Hot & cold water available, adequate pressure	2
48	<input checked="" type="checkbox"/> IN				Plumbing installed; proper backflow devices	2
49	<input checked="" type="checkbox"/> IN				Sewage and wastewater properly disposed	2
50	<input checked="" type="checkbox"/> IN				Toilet facilities: properly constructed, supplied, & cleaned	2
51	<input checked="" type="checkbox"/> IN				Garbage/refuse properly disposed; facilities maintained	2
52	<input checked="" type="checkbox"/> IN				Physical facilities installed, maintained, and clean	1
53	<input checked="" type="checkbox"/> IN				Adequate ventilation and lighting; designated areas use	1
Documents and Placards						
54	<input checked="" type="checkbox"/> IN				Sanitary Permit, Health Certificates valid and posted	2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.		Date: <u>9/14/20</u>
Person in Charge (Print and Sign)	<u>SANJAY DEWAN</u>	
DEH Inspector (Print and Sign)	<u>J. GARCIA EPHD</u>	Follow-up (Circle one): YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Follow-up Date



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
PUBLIC AND PRIVATE PREMISES
INSPECTION REPORT

NAME: (OWNER, LESSEE, OCCUPANT, ETC.) <u>PORT OF MOCHA COFFEE HOUSE</u>		ADDRESS; Lot #, street name, house/apt. #, building name: <u>APD 109B 199 CHALAN SAN ANTONIO</u>
INSPECTION/INVESTIGATION DATE: <u>9/14/20</u>	COMPLAINT#: <u>/</u>	MUNICIPALITY/VILLAGE; SUBDIVISION: <u>TAMUNING</u>

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS OF THE CORRESPONDING SECTIONS OF TITLE 10, GUAM CODE ANNOTATED

SECTION #	REMARKS	Not Observed	Corrected on the Spot (COS)	Repeat
	An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2020-25 (June 22, 2020) during the COVID-19 emergency.			
	The following violations were observed and deemed a public nuisance:			
<input type="checkbox"/>	1. Failed to require and enforce mandatory use of face masks with employees/customers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. Failed to post appropriate signage for face masks and social distancing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4. Failed to have a policy in place for the frequent cleaning of all surfaces.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	5. Failed to have and present an organization-specific guidance plan in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6. Failed to properly maintain the required occupant load of _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	7. Failed to adhere to the authorized number for social gatherings on business premises.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Section 20106 (Title 10 Guam Code Annotated, Chapter 20) authorizes Department of Public Health & Social Services to conduct inspections of all public and private grounds, buildings, & other places to enforce & order the immediate abatement of the public nuisance. Businesses that fail to comply with applicable & current Executive Orders and/or Public Health Guidances shall be deemed a public nuisance under Chapter 20, Title 10, of the Guam Code Annotated which are misdemeanors, if found guilty.			
	Observations/Findings: <input checked="" type="checkbox"/> None			

YOU ARE HEREBY GIVEN _____ DAYS _____ HOURS TO CORRECT THE ABOVE CITED PROBLEMS.
 YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT _____ (DATE).

RECEIVED BY (Print & Sign):

SANJAY DENAN

Sanjay Denan

DEH INSPECTOR (Print & Sign):

J. GARCIA EPHO 1

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GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



**COMPLIANCE CHECKLIST FOR EATING AND DRINKING ESTABLISHMENTS
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14,
DPHSS GUIDANCE MEMO 2020-07 and 2020-12**

Name of Establishment: PORT OF MOCHA COFFEE HOUSE Company Name: DENAN ENTERPRISES, INC.

Location: LOT 2145 - REM - 1 NEW - 1R SPACE 109B 199 CHALAN SAN ANTONIO TAMUNING

Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance	
	General Requirements			
1	Has a written policy and procedures for COVID-19 prevention and control measures prior to re-opening, which address the following:		<u>Yes</u>	No
	a. Employee health, to include having a plan in place if someone is or becomes sick		<u>Yes</u>	No
	b. Cleaning/sanitizing procedures		<u>Yes</u>	No
	c. Social distancing and other protective measures		<u>Yes</u>	No
2	Operates at no more than the authorized occupancy rate		<u>Yes</u>	No
3	Prohibits the use of high touch items such as food trays		<u>Yes</u>	No
4	Prohibits the operation of salad bars, buffets, and/or self-service operations		<u>Yes</u>	No
5	Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:		<u>Yes</u>	No
	a. Prohibiting sick employees in the workplace		<u>Yes</u>	No
	b. Strict handwashing practices, to include when and how		<u>Yes</u>	No
	c. Strong procedures and practices to clean and sanitize surfaces		<u>Yes</u>	No
	d. PIC is on site and is a certified food manager		<u>Yes</u>	No
	Employee Health			
6	Screens employees and patrons before entering the facility		<u>Yes</u>	No
7	Possesses adequate supplies to support healthy hygienic behaviors		<u>Yes</u>	No
8	Posted signage for employees and patrons on good hygiene and sanitation practices		<u>Yes</u>	No
	Cleaning and Disinfection			
9	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire establishment		<u>Yes</u>	No
10	Possesses adequate cleaning and disinfection products and PPE to perform enhanced cleaning/disinfection		<u>Yes</u>	No
11	Follows CDC's cleaning and disinfecting guidelines		<u>Yes</u>	No
	Ventilation			
12	Maximizes fresh air through use of existing ventilation system		<u>Yes</u>	No
13	Minimizes air from fans blowing from one person directly at another individual		<u>Yes</u>	No